

| CLAIMS ONLY | | | | | | | Application Number 101694678 | | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|--------|-------------|--------|
| | | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | |
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| Total Indep | 2 | | 3 | | | | | | | |
| Total Depend | 12 | | 21 | | | | | | | |
| Total Claims | 14 | | 24 | | | | | | | |